



TOWN OF ARLINGTON

DEPARTMENT OF PLANNING and
COMMUNITY DEVELOPMENT
TOWN HALL, 730 MASSACHUSETTS AVENUE
ARLINGTON, MASSACHUSETTS 02476
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Request for Qualifications for Administration of an Arlington Tenant-Homeowner Assistance Fund

Introduction

The Town of Arlington, through the Department of Planning and Community Development, is administering the Tenant-Homeowner Assistance Fund utilizing funds distributed to the Town through the American Rescue Plan Act (ARPA). This assistance is offered to Arlington households that rent or own their home and have demonstrated difficulty making rent or mortgage payments due to the impacts of the COVID-19 pandemic. The program provides assistance up to \$2,500 per month, payable to the household's landlord or lending institution.

The program will provide an estimated 125 eligible Arlington households with rental or mortgage assistance, using \$1,000,000 in federal ARPA funds. Additional households may be assisted contingent on funding availability and at the discretion of the Town.

Contractors with significant experience in administering rental and mortgage assistance programs, particularly those serving diverse communities and working with state or federal housing funds, would be strong contractors in this effort. The Town expects to select a contractor and begin accepting rental assistance pre-applications in early January 2022. The Town may select more than one contractor in order to ensure adequate capacity to meet program needs. If you feel you do not have the capacity to review applications from up to 125 households, we still strongly welcome your proposal.

The Town is soliciting proposals to facilitate the program on a per application basis, but for no more than \$50,000, in accordance with M.G.L. c.30B. Proposals are due by 2:00pm on Monday, December 13, 2020.

This Request for Qualifications (RFQ) is being managed by the Town of Arlington Department of Planning and Community Development. Questions about this RFP should be made by email to Mallory Sullivan at mjsullivan@town.arlington.ma.us.

Scope of Services

About the Program

The program will provide rental assistance to eligible Arlington renter and homeowner households (i.e., those that have faced a negative and documented financial impact related to the Covid-19 pandemic and have resultantly been unable to pay all or some of their monthly rent or mortgage payments). The rental assistance is offered at up to \$2,500 per month, for no more than four months for those households that earn up to 80% of the Area Median Income and for up to two months for those households earning more than 80% of the Area Median Income. The Town will provide funds on behalf of approved households to their landlords or mortgage lenders. The contractor(s) will provide intake and other services as described below.

The Program will accept pre-applications (see Appendix A) during a period of at least four weeks determined at the Town's discretion, but beginning no sooner than Monday, January 3, 2022. The Town will publish pre-applications and an online portal to accept them. The contractor(s) will assist, by phone or email, Arlington

residents needing assistance in submitting their pre-applications. If the Town chooses to accept pre-applications prior to selecting the contractor(s), the Town will assist Arlington residents needing assistance with their pre-applications until a contract is executed, at which point the contractor(s) will be responsible for that assistance.

On a rolling basis through January 31st (or a later date determined by the Town), the contractor will review pre-applications submitted by applicants for eligibility. Those determined to be eligible for the Program will be provided a full application (see Appendix B) by the Contractor, as well as a deadline by which to submit the form. The contractor(s) will ensure full applications meet the program requirements, including submission of required documentation.

At the conclusion of the application period, the contractor(s) will conduct a lottery, if necessary, to determine the allocation of funds. The contractor(s) will provide approval of completed applications and will submit those applications to the Town for final approval and payment.

The contractor(s) will submit reports to the Town regarding the progress of the program on a regular basis as well as at the conclusion of the program.

What the Town Will Provide

The Town will conduct outreach to ensure community members are aware of the program, using a variety of web-based and print advertising materials.

The Town will provide the pre-application (Appendix A) and the full application (Appendix B).

The Town will provide an online portal to accept pre-applications and full applications, but does not anticipate providing assistance to potential applicants in completing their applications after selecting the contractor(s).

The Town will publish guiding documentation to aid in the completion of pre-applications and full applications. The Town will translate the guiding documentation for the pre-application into up to ten of the most common languages spoken in Arlington, besides English.

In the event the Town selects more than one contractor, the Town will segment the list of those applicants and provide each contractor with a segment of the list consistent with that contractor's contract.

The Town will provide final approval to applications submitted by the contractor(s) and will remit payment to landlords.

The Town will provide a reporting form for the contractor(s) to complete on a regular basis as well as at the conclusion of the program.

What the Contractor(s) Will Provide

The contractor(s) will assist Arlington residents in completing pre-applications through the online portal, including submitting pre-applications on behalf of Arlington residents who cannot access the Internet or who have a disability that prevents them from doing so.

The contractor(s) will provide interpretation for Arlington residents in need of translation services by phone or email for both the pre-application and the full application.

The contractor will screen applicants for eligibility based on pre-application submissions.

The contractor(s) will contact those applicants eligible to submit a full application and will assist each of those applicants in submitting the applications. The contractor(s) will ensure adequate documentation is provided in each application.

The contractor(s) will inform the Town in a timely manner when applicants are ineligible, unresponsive, unable, or uninterested in pursuing the program, using a report template provided by the Town (or using another suitable method).

The contractor(s) will notify ineligible applicants of their application status.

The contractor(s) will provide initial approval to full applications that meet program requirements and will submit those applications and supporting documentation to the Town for final approval. The contractor(s) will submit those applications to the Town on a rolling basis, within one day of completion, using a report template provided by the Town (or using another suitable method).

The contractor(s) will conduct a lottery, if determined necessary based on number of applications received and the level of need.

The contractor(s) will maintain compliance with all requirements of the Town and ARPA. The contractor(s) will seek guidance from the Town when compliance issues arise.

The contractor(s) will submit a report to the Town on a regular basis as well as at the conclusion of the program.

Timeline

Below is our timeline for selection. Given the nature of the public health crisis, this is an accelerated timeline.

Thursday, November 18	RFP is circulated to potential contractors
Monday, November 29	Optional Pre-Bidders Meeting to be held via teleconference at 2:00pm (Contact mjsullivan@town.arlington.ma.us to register)
Wednesday, December 1	Questions are due at 11:00am to mjsullivan@town.arlington.ma.us
Monday, December 13	Proposals are due by 2:00pm (Email proposals to mjsullivan@town.arlington.ma.us .)
Week of December 20	Contract(s) are executed by Town; Town begins advertising program.
Week of January 3	Program begins accepting pre-applications (subject to change at Town's discretion) .

The Town reserves the right to change contract execution date based on review of proposals.

Your Proposal

How to Submit a Proposal

Proposals must be emailed to Mallory Sullivan at mjsullivan@town.arlington.ma.us.

What to Submit

To respond to this RFP, interested bidders must provide both a price proposal and an operating proposal.

Price Proposal

The Price Proposal should simply state the cost to provide the services in your Operating Proposal on a per application basis but not to exceed \$50,000. This is the amount that the contractor will receive from the Town for each successfully completed application approved by the Town.

Operating Proposal

The Operating Proposal should detail how the respondent plans to deliver on the scope of services detailed above. Please submit a written proposal that responds to the following:

1. Describe your organization's experience providing similar services, including a description of any rental assistance and/or other low-income housing support services you have provided, and the number of years that you have provided those services. Include any experience your organization has with state or federal programs.
2. Describe your capacity in terms of the maximum number of households you can serve pursuant to the scope of services and consistent with your Price Proposal. Describe your organization's staffing plan and identify key personnel who will manage this program, including their general working days and hours.
3. Describe your organization's technological capacity and ability to handle the application workload (including security of submitted documents and incoming questions from clients) via phone (including calls and text messages), email, and web applications.
4. Describe your organization's experience and ability working within immigrant communities and how your organization plans to overcome language barriers. Describe programs or procedures you have in place, or plan to put in place, to better serve immigrant communities.
5. Provide a list of current and previous governmental or non-profit clients for rental assistance programs.

How We Will Choose

The Town will choose the contractor(s) who will deliver the most value for the residents of Arlington, when considering both the Operating Proposal and the Price Proposal.

All applicants must meet the following minimum requirements:

1. Experience facilitating rental assistance for people who make a low income.
2. Technological capacity to handle phone and email questions and intake securely and responsively, including secure handling of documents.
3. Capacity to assist Arlington residents with submitting the pre-application and application.
4. Capacity to serve at least 75 applicants.
5. Translation/ interpreter services available to Arlington residents needing assistance with the pre-application and full application.
6. Active or pending registration in SAM.gov, with active status confirmed before final selection is made.
7. Sign the Certificate of Non-Collusion (Appendix C) and Tax Compliance Certification (Appendix D) and submit with your Operating Proposal. Scanned copies are acceptable.

When considering the Operating Proposals, the Town will favor those respondents who have extensive experience providing similar services, provide adequate capacity (including staffing levels), and demonstrate significant experience and ability to serve Arlington's diverse community. Each Operating Proposal will be evaluated based on how well it addresses these criteria. Responses to each section will be determined to be highly advantageous, advantageous, or not advantageous, based upon the criteria in the table below.

Category	Highly Advantageous	Advantageous	Not Advantageous
Organizational Experience	Applicant has at least 10 years' experience providing rental assistance and other housing services to people who make a low-income, including through state or federal programs.	Applicant has at least 5 years' experience providing rental assistance and other housing services people who make a low-income.	Applicant has less than 5 years' experience providing rental assistance to people who make a low-income.
Organizational Capacity	Applicant demonstrates capacity, including staff levels, to serve 125 or more applicants.	Applicant demonstrates capacity, including staff levels, to serve at least 75 applicants.	Applicant demonstrates capacity, including staff levels, to serve less than 75 applicants.
Service to Diverse Communities	Applicant has existing program or procedure focused on service to underrepresented or hard to reach communities.	Applicant has proposed program or procedure focused on service to underrepresented or hard to reach communities.	Applicant does not have program or procedure focused on service to underrepresented or hard to reach communities.

Proposals will be evaluated by the Department of Planning and Community Development. The award decision will be made by the Town Manager and the Director of Planning and Community Development.

The Town reserves the right to interview respondents (including by phone or video conference) and to conduct reference checks. Information obtained may be used in the evaluation.

The Town reserves the right to accept or reject any and/ or all proposals, to waive minor irregularities and technicalities, and to request resubmission. All proposals that do not meet the minimum requirements will not be considered. Any contract for services related to the RFP may be cancelled if funds are not appropriated or otherwise made available to support the contract.

Appendix A
DRAFT Arlington Tenant-Homeowner Assistance Fund Pre-Application Form
(Note: Application will primarily be hosted on an online application)

The Town of Arlington is administering the Tenant-Homeowner Assistance Fund. This assistance is offered to Arlington households that rent or own their home and have had difficulty making rent or mortgage payments due to the impacts of the COVID-19 pandemic. Eligible Arlington residents may use this application form to apply for rental or mortgage assistance. To be considered for assistance, complete the application form by 11:59pm on January 31, 2022. A lottery will be held if necessary, and we will contact you if you are selected to complete a full application.

Screening Questions

1. Do you live in Arlington, Massachusetts?

☐ YES ☐ NO

2. Have you experienced a financial hardship related to the Covid-19 pandemic that has made it difficult for you to pay rent or mortgage? *Please note that you will be required to provide documentation showing evidence of the financial hardship.*

☐ YES ☐ NO

Pre-Application

1. Prefix: _____ Full Name (First and Last): _____

2. Primary Residential Address*

Address Line 1 _____

Address Line 2 _____

City, State, Zip _____

Document Upload: Please upload documentation to verify your residency (a copy of your lease, a recent mortgage statement, driver's license, or a utility bill that includes your name and address).

3. Email Address: _____ *Use an email address that is private and that you check often. We will communicate with you primarily through email. If you do not have an email address, call 781-316-3090 and leave a message with your full name, address, and phone number and we will do our best to assist you.*

4. Phone Number: _____

5. I am experiencing financial difficulty due to the COVID-19 pandemic. My financial difficulty has led to: [Select one]

- A. Rent ☐ My household not being able to pay any monthly rent payments.
☐ My household able to pay only partial monthly rent payments.

- B. Mortgage ☐ My household not being able to pay any monthly mortgage payments.
☐ My household being able to pay only partial monthly mortgage payments.

Document Upload: Please upload documentation that shows you were (for example, a notice from your landlord or an overdue payment notice from your lending institution).

- ☐ Loss of income, for example, job layoff, furlough, or reduction of hours (submit a letter from employer verifying job termination or reduction in hours).
- ☐ Taking extended time off work because I tested positive for COVID-19 (upload doctor's note or letter from employer).
- ☐ Increased childcare expenses (submit an invoice and explanation).
- ☐ Increased healthcare expenses (submit a bill or receipt for COVID-19-related treatment).
- ☐ Funeral expenses (submit a bill or receipt).
- ☐ Reduction in self-employment income (provide cancellations from clients, year-over-year financial statements, or profit and loss statement).
- ☐ Reduction in rental income (provide copy of lease and evidence of attempts to obtain past due rent).
- ☐ Other negative financial impact related to Covid-19: _____

7. The difficulty noted in Question 6 began [Month, Year] and ended [month/year OR is still ongoing].

Document Upload: Please upload documentation pertaining to at least one of the boxes you selected.

I, the above-named individual, declare under the pains and penalties or perjury that the foregoing statements are true, correct, and accurate to the best of my knowledge and ability. I acknowledge and accept that submission of this application does not guarantee receipt of funds from the Arlington Tenant-Homeowner Assistance Fund. I acknowledge that if I am selected to receive funding through this program, it will be used only for eligible rent or mortgage payments.

Signature: _____

If applicable: Signature of assigned representative completing this form:

I completed this form on behalf of, and with permission from, the above-named individual.

Signature: _____

Please note that submission of this pre-application does not guarantee funding. If you are eligible for the Arlington Tenant-Homeowner Assistance Fund, you will be notified to complete and submit a full application.

Appendix B

DRAFT Arlington Tenant-Homeowner Assistance Fund Application Form

The Department of Planning and Community Development is administering an emergency tenant and homeowner assistance program. Eligible Arlington residents may use this application form to apply for rental or mortgage assistance. To be considered for assistance, complete the application form by 11:59pm on DATE. We will contact you if you are selected to receive funding.

1. Name _____
2. Phone Number _____
3. **Email** *Use an email address that is private and that you check often. We will communicate with you primarily through email. If you do not have an email address, call 781-316-3090 and leave a message with your full name, address, and phone number and we will do our best to assist you.*

4. **Primary Residential Address**
Address Line 1 _____
Address Line 2 _____
City, State, Zip _____
5. **How many people reside in your home?** *Include everyone who lives in the unit, including yourself, young children, roommates, and friends and family members who are living with you.*

<input type="checkbox"/> 1 resident (I live alone)	<input type="checkbox"/> 5 residents
<input type="checkbox"/> 2 residents	<input type="checkbox"/> 6 residents
<input type="checkbox"/> 3 residents	<input type="checkbox"/> 7 residents
<input type="checkbox"/> 4 residents	<input type="checkbox"/> 8 or more residents
6. **How many people are in your household?** *Please note, for the purpose of this application, a "household" shall mean an individual or two or more persons who live in the unit as their principal residence and who are related by blood, marriage, law, or who have otherwise evidenced a stable inter-dependent relationship. Unrelated roommates are generally not considered to be part of the same household.*

<input type="checkbox"/> 1 resident (I live alone)
<input type="checkbox"/> 2 residents
<input type="checkbox"/> 3 residents
<input type="checkbox"/> 4 residents
<input type="checkbox"/> 5 residents
<input type="checkbox"/> 6 residents
<input type="checkbox"/> 7 residents
<input type="checkbox"/> 8 or more residents

7. **Gross Household Annual Income Information.** What is the annual combined income of all household members? Include income from every member of your household who is 18 years of age and older. Write "N/A" if not applicable.

Source of Income	Type of documentation to upload	Income for all household members age 18 and over
<i>Wages, Salary, Tips</i>	<i>Annual Federal or State Tax Return</i>	
<i>Self-Employment and Business Income</i>	<i>Annual Federal or State Tax Return OR Profit and Loss Statement</i>	
<i>Social Security (Supplemental Security Income, Social Security Disability Insurance, Social Security Retirement)</i>	<i>Copy of most recent statement or benefit notice from Social Security or Pension Provider</i>	
<i>Pension</i>	<i>Pension Statement or Form 1099-R</i>	
<i>Child Support, Alimony, Foster Care Payments</i>	<i>Copy of most recent payment statement or benefit notice</i>	
<i>Dividends and Interest</i>	<i>Copy of most recent 1099-INT form</i>	
<i>Unemployment Earnings</i>	<i>Copy of most recent payment statement or benefit notices OR dated mail from unemployment administrator that includes name of income source and income amount</i>	
<i>Rental Property Income</i>	<i>Profit and Loss Statement AND Copy of lease(s)</i>	
<i>Other Sources of Income</i> <i>Do not include federal economic impact payments (stimulus checks).</i>	<i>Documentation as appropriate and available to provide an accurate understanding of income.</i>	
Total income for all household members		

Document Upload: Please upload proof of income here, referring to the "Type of documentation to upload" column in the table in question 7.

8. **Do you rent or own your home?**

- ☐ I rent my home

Amount of monthly rent: _____ (the monthly amount listed on your lease)

Amount of monthly rent that your *household* is responsible for paying: _____ (amount that your household is responsible for paying per month)

How many months of assistance are you requesting? ☐ 1 ☐ 2 ☐ 3 ☐ 4

Property Owner Name/Company: _____

Property Owner Phone: _____

Property Owner email address: _____

- ☐ I own my home

What type of property is your home?

- ☐ Condo/Apartment in multi-unit building or house (entire property is owned by the applicant)
☐ Condo/Apartment in multi-unit building or house (more than 1 unit is owned by the applicant)
☐ Condo/Apartment in multi-unit building or house (only 1 unit is owned by the applicant)
☐ Single-Family House

Amount of monthly mortgage: _____

Lending Institution Name: _____

Lending Institution Contact Person: _____

Lending Institution Phone: _____

Lending Institution Email Address: _____

How many months of assistance are you requesting? ☐ 1 ☐ 2 ☐ 3 ☐ 4

Is this your primary residence?

- ☐ Yes
☐ No

Do you own other property besides the unit in which you live?

- ☐ Yes, I own other residential units, land, or commercial property. List here: _____

☐ No, the only property I own is the unit in which I live.

Document Upload: Please upload a copy of your lease (or letter from landlord evidencing your monthly rent payment) OR your most recent mortgage statement here. Please also upload a copy of your most recent rent or mortgage payment (i.e. canceled check or online transaction).

9. Please explain how your ability to pay rent or your mortgage has been negatively affected due to the COVID-19 pandemic and the resulting economic crisis:

Supplemental Questions

The following questions are being collected for data collection purposes only. They do not affect your eligibility for assistance or your chances of being selected.

1. Do you live in public housing or receive a Section 8 voucher?* Respond "No" if you receive other kinds of housing assistance, but do not live in public housing or receive a Section 8 voucher.

- ☐ Yes.
☐ No.

2. Which of the following describe your race? (Check all that apply.)*

- ☐ White
☐ Black or African American
☐ Asian
☐ American Indian or Alaskan Native
☐ Native Hawaiian or Other Pacific Islander
☐ Other: _____

3. Are you Hispanic or Latinx? *

- ☐ Yes.
☐ No.

4. What is your preferred language?

- ☐ English
☐ 中文/ Chinese
☐ 日本語/ Japanese
☐ Español/ Spanish
☐ Français/ French
☐ Other: _____

5. Are any residents of your household under age 18?

- ☐ Yes
☐ No

6. Are any residents of your household older than 60?

- ☐ Yes
☐ No
7. How long have you lived in Arlington?
- ☐ Less than 1 year
☐ 1-3 years
☐ 3-5 years
☐ 5-10 years
☐ Longer than 10 years
8. Do you need help connecting to other service providers? If yes, please specify:
- ☐ Yes (Please Explain _____)
☐ No
- Please note that the Town of Arlington will not share your information with other service providers without your consent.*
9. Since March of 2020, have you received assistance for rental, mortgage, and/or utility assistance?
- ☐ Yes (Which sources/programs did you receive assistance from? _____)
☐ No

Affidavit

I, the above named individual, declare under the pains and penalties or perjury that the foregoing statements are true, correct, and accurate to the best of my knowledge and ability. I acknowledge and accept that submission of this application does not guarantee receipt of funds from the Arlington Tenant-Homeowner Assistance Fund. I acknowledge that if I am selected to receive funding through this program, it will be used only for eligible rent or mortgage payments.

Signature: _____

If applicable: Signature of assigned representative completing this form:

I completed this form on behalf of, and with permission from, the above named individual.

Signature: _____

Note on the Arlington Tenant-Homeowner Assistance Fund:

The Arlington Emergency Tenant Assistance Fund is funded by \$1,000,000 from the Town of Arlington's grant from the Coronavirus State and Local Fiscal Recovery Fund (SLFRF) of the American Rescue Plan Act of 2021. The program is administered by the Town of Arlington Department of Planning and Community Development. The Town of Arlington is committed to your privacy, and will only share your information with our contractors as needed for the administration of this program. If you are selected and approved, your application may be subject to a monitoring by the Town and U.S. Treasury in order to meet program requirements. Your information will not be shared outside of the Town, HUD, or our contractors who are working on this program.

Appendix C
Certificate of Non-Collusion Form

The undersigned certifies under penalties of perjury that this bid or proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.

Signature of Individual Submitting Bid or Proposal

Name of Individual Submitting Bid or Proposal

Name of Business

Date

BY STATE LAW THIS NON-COLLUSION FORM MUST BE SIGNED AND SUBMITTED WITH THE BID OR PROPOSAL.

Appendix D
Certificate of Tax Compliance Form

Pursuant to MGL Chapter 62C, Section 49A, I certify under the penalties of perjury that I have complied with all laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Social Security Number or
Federal Identification Number

Signature and Title of Individual or
Responsible Corporate Officer

BY STATE LAW THIS CERTIFICATE OF TAX COMPLIANCE FORM MUST BE SIGNED AND SUBMITTED WITH THE BID OR PROPOSAL.